

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4	1					
5		1				
6		2				
7	1					
8		1				
9		2				
10	1					
11		1				
12		2				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19	1					
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50						
TOTAL IND.	←		←		←	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
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100						
TOTAL IND.	←		←		←	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						